

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **CHARLES R. STOMBERG ET AL.**
TITLE: **TIME SYNCRHONIZATION OF DATA**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 331 791 885 US, on this 13TH day of NOVEMBER, 2003.

LAWRIE L. GRUBE
Printed Name
[Signature]
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 31 (including claims and abstract: Spec. 25 sheets; Claims 5 sheets; Abstract 1

X Drawings:

Total sheets: 9

☒ formal ☐ informal

☒ **Combined Declaration and Power of Attorney:**

☒ Unexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☒ Information Disclosure Statement

☒ PTO Form 1449

☒ Copy of IDS foreign reference

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims ____ of the prior application before calculating the filing fee. (At least th original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: ____.



☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066
No. 27,581

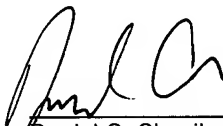
FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	23	20	=	3	x 18	54.00
Independent Claims	4	3	=	1	x 86	86.00
Multiple Dependent Claims	0				+ 290	
Basic Filing Fee						\$770.00
TOTAL						910.00

X Charge Deposit Account No. 13-2546 in the amount of \$910.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

11/13/07



Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066
No. 27581